

State: Missouri

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

PACE SERVICES

X The State of Missouri has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services.

\_\_\_\_\_ The State of \_\_\_\_\_ Has entered into a valid program agreement(s) with a PACE provider(s) and the Secretary, as follows:

Name of PACE provider: \_\_\_\_\_

Service area: \_\_\_\_\_

Maximum number of individuals to be enrolled: \_\_\_\_\_

(This information should be provided for all PACE providers with which the State Administering Agency for PACE and the Secretary have entered into valid program agreements.)

State Missouri

Prior Authorization Requirement of General Application

Prior Authorization is required for all non-emergency Medicaid covered services which are received by recipients in states other than Missouri and it's bordering states. Medical services which are exempt from this Prior Authorization requirement are:

- (1). Those services provided to Foster Care children;
- (2). Those services provided recipients having concurrent Medicare and Medicaid eligibility if Medicare does allow the service and provides primary payment;
- (3). Emergency ambulance services;
- (4). Independent laboratory services.

State Plan TN# 94-34 Effective Date 10/1/94  
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